

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

[Date notice sent to all parties]: July 5, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning x 40 hours for the left hand

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified Physical Medicine and Rehabilitation with over 16 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

04-26-12: Functional Capacity Evaluation at Chiropractic & Rehab dictated by DC

05-01-12: UR performed by DC

05-02-12: Outpatient Status Notes at Chiropractic & Rehab (05-02-12, 05-11-12, 05-12-12, 05-14-12, 05-21-12, 05-22-12)

05-25-12: UR performed by BS, DC

PATIENT CLINICAL HISTORY [SUMMARY]:

The Claimant is a male that was working as a on xx/xx/xx. While stacking bundles, a bundle struck his left hand, hyper extended his left thumb, dislocating his left thumb and causing immediate pain. The claimant was seen at ER and was told to wear a splint and then went to on xx/xx/xx and RTW modified duty, but did not RTW.

04-26-12: Functional Capacity Evaluation Results dictated by, DC.
Diagnosis: Left wrist internal derangement, Left thumb sprain/strain, myospasm. FCE results indicated that the claimant was able to lift up to 30 lbs, occasionally. He demonstrated kinesio physical limitations while lifting more than the above weights, which indicates high risk of injury if the claimant is made to work at a higher physical demand level. His required demand level is to lift up to 50 lbs according to the reported job description. The claimant demonstrated poor body mechanics by direct observation and distraction, with a preferred lifting posture as the Torso lift, attempting to compensate by using the affected upper extremity

more. The claimant requires instruction and improvement with his body mechanics to prevent injury and to enable him to achieve a higher physical demand level. The claimant is not able to meet the non-material handling job demand activities of his job as a xx. Recommendations: The claimant's test shows that he is not qualified to return to his previous employment because he is not able to meet the material and non handling requirements of his previous job. He has decreased flexibility and muscle strength. Furthermore, he demonstrated poor body mechanics that might aggravate his pain if uncorrected. It is recommended that he participate in a Work Conditioning program to address his vocational needs. The Work Conditioning program should then have following elements: conditioning exercises, cardio-vascular training, body mechanics training, and job stimulation activities to improve his ability to carry out job requirements in line with his return to work goals. Vocational counseling may also be needed to assist him in improving his job search and preparation skills and to educate his own career options. Participation in the program will assist him increase his physical demand level, lifting up to 50 lbs to help him return to his previous job or a comparable employment. If he is able to achieve these goals, he has a better chance of successfully retuning to the work force. It is my opinion that this is a realistic and achievable goal. Critical Demand: Occasional lifting up to 50 lbs. Constant repetitive hand and wrist movements. Constant bending, squatting. Estimated PDC: Medium.

05-01-12: UR performed by DC. Reason for denial: Based on the provided information, the requested therapy exceeds ODG; employee's work required PDI, cannot be verified; and there are no documented exceptional factors to warrant treatment above and beyond guidelines. At this juncture, the employee should be independent with a self-directed HEP and no longer require skilled and supervised outpatient therapy.

05-25-12: UR performed by BS, DC. Reason for denial: The medical necessity for a work conditioning program X 40 hours for the left hand has not been established. While FCE results on 4/26/2012 indicate various deficits in the left hand, ODG for Forearm, Wrist and Hand regarding Work Conditioning, Work Hardening suggest that the aforementioned programs be "recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to". Amongst the criteria set for admission to a work hardening program, I am unable to identify "demonstrated capacities below an employer verified physical demands analysis (PDA)". Without the verified PDA, a work hardening program request cannot be considered appropriate at this time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Denial of work conditioning is agreed upon/upheld since per ODG the request of 40 hours work conditioning exceeds ODG recommended 30 hours over 4 weeks- a clinically sufficient amount of rehabilitation time to achieve return to work demands (given FCE current ability of 30 lb lift versus 50 lb lift job demand). Therefore, the request for Work Conditioning x 40 hours for the left hand is denied.

Per ODG:

<p>Work conditioning, work hardening</p>	<p>Criteria for admission to a Work Hardening (WH) Program:</p> <p>(1) <i>Prescription:</i> The program has been recommended by a physician or nurse case manager, and a prescription has been provided.</p> <p>(2) <i>Screening Documentation:</i> Approval of the program should include evidence of a screening evaluation. This multidisciplinary examination should include the following components: (a) History including demographic information, date and description of injury, history of previous injury, diagnosis/diagnoses, work status before the injury, work status after the injury, history of treatment for the injury (including medications), history of previous injury, current employability, future employability, and time off work; (b) Review of systems including other non work-related medical conditions; (c) Documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist (and/or assistants); (d) Diagnostic interview with a mental health provider; (e) Determination of safety issues and accommodation at the place of work injury. Screening should include adequate testing to determine if the patient has attitudinal and/or behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The testing should also be intensive enough to provide evidence that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs, or will likely prevent successful participation and return-to-employment after completion of a work hardening program. Development of the patient's program should reflect this assessment.</p> <p>(3) <i>Job demands:</i> A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work). There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits).</p> <p>(4) <i>Functional capacity evaluations (FCEs):</i> A valid FCE should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs.</p> <p>(5) <i>Previous PT:</i> There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches.</p> <p>(6) <i>Rule out surgery:</i> The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery).</p> <p>(7) <i>Healing:</i> Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.</p> <p>(8) <i>Other contraindications:</i> There is no evidence of other medical, behavioral, or other comorbid conditions (including those that are non work-related) that prohibits participation in the program or contradicts successful return-to-work upon program completion.</p> <p>(9) <i>RTW plan:</i> A specific defined return-to-work goal or job plan has been established, communicated and documented. The ideal situation is that there is a plan agreed to by the employer and employee. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities.</p> <p>(10) <i>Drug problems:</i> There should be documentation that the claimant's medication regimen will not prohibit them from returning to work (either at their previous job</p>
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	<p>or new employment). If this is the case, other treatment options may be required, for example a program focused on detoxification.</p> <p>(11) <i>Program documentation:</i> The assessment and resultant treatment should be documented and be available to the employer, insurer, and other providers. There should documentation of the proposed benefit from the program (including functional, vocational, and psychological improvements) and the plans to undertake this improvement. The assessment should indicate that the program providers are familiar with the expectations of the planned job, including skills necessary. Evidence of this may include site visitation, videotapes or functional job descriptions.</p> <p>(12) <i>Further mental health evaluation:</i> Based on the initial screening, further evaluation by a mental health professional may be recommended. The results of this evaluation may suggest that treatment options other than these approaches may be required, and all screening evaluation information should be documented prior to further treatment planning.</p> <p>(13) <i>Supervision:</i> Supervision is recommended under a physician, chiropractor, occupational therapist, or physical therapist with the appropriate education, training and experience. This clinician should provide on-site supervision of daily activities, and participate in the initial and final evaluations. They should design the treatment plan and be in charge of changes required. They are also in charge of direction of the staff.</p> <p>(14) <i>Trial:</i> Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress.</p> <p>(15) <i>Concurrently working:</i> The patient who has been released to work with specific restrictions may participate in the program while concurrently working in a restricted capacity, but the total number of daily hours should not exceed 8 per day while in treatment.</p> <p>(16) <i>Conferences:</i> There should be evidence of routine staff conferencing regarding progress and plans for discharge. Daily treatment activity and response should be documented.</p> <p>(17) <i>Voc rehab:</i> Vocational consultation should be available if this is indicated as a significant barrier. This would be required if the patient has no job to return to.</p> <p>(18) <i>Post-injury cap:</i> The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two-years post injury generally do not improve from intensive work hardening programs. If the worker is greater than one-year post injury a comprehensive multidisciplinary program may be warranted if there is clinical suggestion of psychological barrier to recovery (but these more complex programs may also be justified as early as 8-12 weeks, see Chronic pain programs).</p> <p>(19) <i>Program timelines:</i> These approaches are highly variable in intensity, frequency and duration. APTA, AOTA and utilization guidelines for individual jurisdictions may be inconsistent. In general, the recommendations for use of such programs will fall within the following ranges: These approaches are necessarily intensive with highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours (allowing for part-day sessions if required by part-time work, etc., over a longer number of weeks). A reassessment after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of greater intensity is required.</p> <p>(20) <i>Discharge documentation:</i> At the time of discharge the referral source and other predetermined entities should be notified. This may include the employer and</p>
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	<p>the insurer. There should be evidence documented of the clinical and functional status, recommendations for return to work, and recommendations for follow-up services. Patient attendance and progress should be documented including the reason(s) for termination including successful program completion or failure. This would include noncompliance, declining further services, or limited potential to benefit. There should also be documentation if the patient is unable to participate due to underlying medical conditions including substance dependence.</p> <p>(21) <i>Repetition</i>: Upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.</p> <p><i>ODG Work Conditioning (WC) Physical Therapy Guidelines</i></p> <p>WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also Physical therapy for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.</p> <p><i>Timelines</i>: 10 visits over 4 weeks, equivalent to up to 30 hours.</p>
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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☐ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)